

Med. Pamph. Vol.

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CHRONIC INSANE.

91

EXTRACT FROM REPORT OF

DR. WALTER KEMPSTER,

MADE TO THE TRUSTEES OF THE

Northern Hospital for the Insane.

PRINTED BY ORDER OF THE BOARD.

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1878.

RESOLUTION,

Passed by the Board of Trustees of the Northern Hospital for the Insane, at their Quarterly Meeting, held January 10, 1878.

RESOLVED, That the Superintendent procure the printing of one thousand copies, in pamphlet form, of that portion of his Quarterly Report referring to the printed extract from the forthcoming report of the State Board of Charities and Reform.

EXTRACT FROM REPORT OF DR. KEMPSTER.

(*The statistical portions of the Report are omitted.*)

To the Board of Trustees of the Northern Hospital for Insane:

GENTLEMEN—I have the honor herewith to present the Quarterly Report of the Hospital.

At this time it seems necessary to call your attention in an official manner to certain statements which are going the rounds of the press and which purport to be extracted from the forthcoming report of the State Board of Charities and Reform, relative to the cost of maintaining the insane, and with reference to the recommendations of certain persons whose names are therein quoted as favoring a certain plan of providing for one class of the insane. The extract which was printed in *The Milwaukee Sentinel* of January 1, 1878, is the one alluded to, and it is, in brief, incorrect in every statement made relative to the subjects therein discussed; and the figures given relative to cost, etc., in each and every particular, are either stated through ignorance or are willful perversions of the truth.

To go back a little. It has been evident for some time that more room was needed for the treatment of the insane of this State, and you will recall that from the time the first annual report was issued from this institution until the present, this subject has been discussed in each, and the necessity for increased accommodation made a prominent topic. From first to last the same plan has been persistently adhered to, except that in the report for 1877, instead of asking for an appropriation sufficient to accommodate the insane in this district, you took a broader view, and asked for a sum sufficient, as you believed, to accommodate all the insane in the State not provided for, merely extending the same plan which for three years has been presented to the State Board of Charities as economical, and endorsed by almost every person of experience on both continents, including Dr.

John B. Chapin, the superintendent of the Willard Asylum, at Willard, New York. This plan, however, the Board did not think prudent to recommend, and each year the State Board has recommended a plan, each being so widely different from the other, that it is impossible to divest oneself of the thought that the subject must have been discussed by a new set of men each time. For instance, you will recall that in the report of the Board of State Charities for 1872, the statement was therein made that the north wing of the Northern Hospital being nearly completed and ready for occupancy, this would accommodate all the insane of the State then unprovided for, and further extension of this Hospital would not be necessary. When, however, you took steps to ascertain the number of insane then unprovided for, it became apparent that if the south wing had been ready for occupancy at that time, it would not have accommodated the insane of the state, and upon a proper representation of these facts to the Legislature of 1874, the first appropriation was made for the south wing, and in 1875 it was completed.

The next year, there still being a large number of insane unprovided for, you recommended the erection of wings for their accommodation. The State Board of Charities recommended that the State Prison be re-arranged and the chronic insane placed therein. Their next recommendation was to build a structure of some kind on the grounds of the State Hospital at Madison; this also fell through. Now they recommend that this hospital be transformed into a receptacle for chronic insane, and all acute cases to be sent to the hospital at Madison, "because that institution is large enough to accommodate all the acute cases of insanity in the State now, and thereby a great saving of money would be effected." We shall examine this part of the subject further on.

Without entering at length upon the discussion of a subject which has been worn threadbare — I mean the discussion of the question of separating the acute from the chronic cases and making provision for each class in separate institutions — I will simply state that this plan meets with the unqualified disapproval of nearly every superintendent of long experience in this country and abroad, and is *not* recommended by Dr. Chapin, Superintendent of the Willard Asylum for Chronic Insane, as I will show directly by his own words, notwithstanding the State Board of Charities state that he does so recommend.

The case is stated clearly and concisely by Dr. E. T. Wilkins, who

was sent out by the State of California to examine and report upon the conditions of the insane in the several countries of the world, as well as in the United States. In his report made after his return, he states that he visited 149 insane asylums in complete working order: 45 in the United States; 1 in Canada; 15 in Italy; 3 in Bavaria; 7 in Austria; 11 in the German states; 2 in Switzerland; 13 in France; 8 in Belgium; 3 in Holland; 24 in England; 10 in Scotland and 7 in Ireland, a larger number, probably, than has been visited by any other single person. He took full notes of what he saw, and his conclusions have, with those whose experience entitles their opinion to any consideration, the weight of authority.

In speaking of separation he says, (*Page 164 of his Report*): "Candor compels us to say that our observations of the results of the two systems forces us to the conclusion that separation is wrong in principle, and detrimental to the best interest of the insane." He says further, (*Page 165*), relative to the institutions for chronic insane which he visited: "That at Ovid, on Lake Seneca, in the State of New York, with its splendid location and beautiful and picturesque surroundings, especially impressed us most favorably;" but "we failed to discover, however, even the shadow of a reason why a person becoming insane in the neighborhood of this beautiful asylum, should be sent to Utica because he was considered curable, and that one in Utica should be sent to Ovid, because the reverse of this was true. * * * They should be as successfully treated at one asylum as the other; while it is too plain a proposition to require argument, that economy of transportation and convenience to family and friends would be best subserved by keeping them at the asylum nearest their homes. * * * With regard to the results of treatment, the facts elicited are altogether in favor of non-separation: the percentage of cures being less, and that of deaths greatest, in those countries where the system of separation is most generally pursued."—(*See Report Dr. E. T. Wilkins to Gov. Haight, of California, December, 1871.*)

Again, Dr. Pliny Earl, Superintendent of the Northampton Asylum, in Massachusetts, who has never been accused of extravagance in the management of his hospital, and whose reports are a thorn in the flesh of those persons who advocate expensive structures, who has twice been abroad for the express purpose of visiting institutions, the last visits having been made subsequent to those of Dr. Wilkins, says after an exhaustive review of the whole subject: "The brief limit of

time forbids any further development of the objections to separate establishments for incurables, further than to ask if we may not learn something from the Germans, who, after this matter had been subjected to exhaustive discussion, came to the practical result of constructing nearly all their largest and most recently erected institutions upon the plan of treatment of both classes under one roof."

Dr. John B. Chapin, the accomplished Superintendent of the Willard Asylum for Chronic Insane, says in his sixth annual report to the Board of Managers of that Asylum for the year ending 1874, on page 34, after discussing the subject of further provision, as follows: "Again the practice of discharging the chronic and incurable insane poor should be changed. We believe it is entirely practicable to attach to all asylums supplemental departments, in which the tranquil and harmless cases can be made comfortable, made much more so than in any almshouse organization, and on economical plans."

Again, if I can read language aright, Dr. Chapin maintains and defends the position which all other superintendents of this country contend for, in the very quotation made by the State Board in their extract; for, says Dr. Chapin, in this very extract, that institutions should be "organized [I quote] and managed under the same laws, to secure efficiency, as are found best adapted to the successful working of the existing asylums and hospitals, and should also be divested of all the influences and associations which attach to an alms-house. *An adherence to these principles will secure the successful administration of an asylum, whether designed for the reception of recent or chronic cases, and a departure from them will as surely result in lowering the standard of care.*" What are we to understand by such language? If it does not mean what it says, then we must get the State Board to translate the English language, and tell us what Dr. Chapin does mean. As it stands it appears to me to be perfectly plain.

Without quoting further from the annual reports of Dr. Chapin, we find that, running through each of his annual reports, he reiterates the ideas presented in the quotation above given. He insists that in every essential particular the asylum at Willard, so far as cubic space is concerned, must be made to conform to existing institutions elsewhere—the only departure, according to the doctor's statement, being in cost of construction and in cost of maintenance. Further on

we shall see how it compares in that respect with the cost of construction and maintenance here.

Following up this subject a little further, we find that the State Board of Charities in New York, in their report for 1874, after having watched the operations of the Willard Asylum for eight years, and being thoroughly and practically familiar with all its details, recommend as follows. I quote from the Eighth Annual Report of the Board of State Charities of New York, Page 27: "It is shown by experience that most of the counties cannot be expected to make suitable provision for the care of their chronic insane. This does not grow out of any feeling of inhumanity or disregard of the claims of this unfortunate class, on the part of the county authorities. The small number of the chronic insane in a majority of the counties renders it very expensive to furnish suitable buildings and employ proper attendants. The Board, therefore, does not deem it advisable to encourage the county authorities, generally, to provide for the chronic insane, but on the contrary, rather to discourage the undertaking. It is believed that it will be found much better and less expensive to give this class proper treatment and care in State institutions, where the number of inmates accommodated may be so large as to reduce the maintenance to the minimum per capita rate. This result may be obtained by the establishment of two or three additional asylums, in different parts of the State on the plan and character of the Willard Asylum, or by engrafting the principles of that institution upon all the State asylums now having the care of acute cases only. *The latter plan is recommended by the Board as being much more economical for the State, and well designed to meet the wants of this class of insane.* It will require the erection of no expensive buildings for offices, and for the separate treatment of violent cases, as the asylums referred to already have those accommodations. It will insure to the chronic insane the best medical skill without additional expense, and also save large sums now paid for the transfer of this class from the asylums for acute cases to the counties, or the asylums for chronic cases."

Unlike the State Board of Charities in Wisconsin, the New York board seemed to have determined upon a definite plan, and to have adhered to it year after year, for in the next report, the ninth annual report of that board I find (*Page 26*) that they reiterate the same opinion expressed in the eighth annual report, and quote the language

used in the eighth report, which I have given above, re-affirming their opinion that it would be better to provide for the chronic insane by making suitable provision for them in all State institutions, erecting suitable buildings in connection with the hospitals for their care and maintenance; and this scheme meets with my approval. The erection of separate institutions, especially for the care of the chronic insane, is objectionable on many grounds, which it is not necessary to repeat here, but when persons are thus treated in groups or classes, the individuals themselves are lost sight of, an unhealthy moral atmosphere is created — a sort of mental epidemic induced, where delusion and debility and extravagant insane ideas are propagated from individual to individual, and the intellect is dwarfed and enfeebled by monotony, routine and subjection, and when to these evils we super-add the double stigma of *pauperism* and *incurability*, all hope is extinguished in the breast of the patient, his self-respect is impaired, and his irretrievable degeneration secured. Truly, over the gateway to such an institution, should Dante's inscription to the portals of hell be written,

“All hope abandon, ye who enter here!”

All are aware of the powerful influence of hope in recovery from any disease, and the disastrous consequences of its opposite, despair. In no class of maladies are the beneficial effects of desire, joined to the expectation of recovery, more manifest than in insanity. Deprived of auspicious hope, branded with incurability, under the two-fold burden of disease and despair, the sufferer from chronic insanity drags through his miserable life, and as if this were not enough, the stigma of pauperism is to be affixed, forgetting the fact that pauperism is generally the result, and not the cause of insanity. The great majority of patients in all asylums come from the industrial producing classes. Rendered unserviceable by no fault of their own, stricken in God's providence by disease, it is deliberately proposed to add to this burden the load of pauperism, and stamp his brow with the brand of incurability; and then, with a deliberation that even Shylock might envy, coolly calculate how little money it will take to eke out a miserable existence — and this to be done in the name of charity and humanity.

A fair inference to draw from such logic would be, that it would cost the State less to dispose of them altogether than to keep them at all; and it would then be a question as to the difference in cost of gunpowder, strychnine or hemp rope.

The people of the State of Wisconsin have wisely concluded to make the insane the wards of the State, that there might be no trafficking in the misfortunes of men, no bartering about the cure of disease. The State Board of Charities were impressed with the same view in 1876, for I find in their Sixth Annual Report, (*Page 10*), these words: "The question of wealth or poverty in the case of lunatics should not, therefore, enter into consideration in the least. The mere fact of the pressure of mental disease in any citizen, should make him the ward of the State, so far as his person is concerned, *until the disease is removed*. He should be made comfortable and receive intelligent treatment at the public expense, without regard to his previous social position." Again they say: "The incident of insanity is one against which science offers no certain guarantee to anyone. *The busy classes are most liable to it*, but leisure even does not offer perfect immunity. Once in its power, the most vigorous person is more helpless than the weakest of those who have the full use of their minds. The helplessness of insanity is such that the victim is often ignorant of his own wants, and even when knowing them is frequently unable to make them understood by others. * * He walks about under the impression of a waking nightmare, and if not under proper care he has his burden made greater by the ignorance or carelessness of those with whom he comes in contact. Even if he comprehends a wrong done to him, and can tell it, his story will generally be considered as the offspring of a delusion, and no attention will be given to it. * * * So far as his own welfare is concerned, he is utterly helpless, alike in the hands of nature, and in those of his fellow men."

Judging from the recommendations of the Board as made in the extract referred to, we should infer that the chronic lunatic, being in this wretched, helpless and most forlorn condition which they have so graphically described in the report for 1876, they can now relegate him to such an institution as they picture, without fear that he will ever find fault with it, or if he does it no matter, because what he says is delusion, and will not be believed. It is virtually saying to you, to me, to every citizen of this State: "Have no care; should misfortune overtake you, the broad charity of this great State will take such good care of you that you need not go abroad to find shelter in a private institution, where you may be subjected to outrages and cruel wrongs, and where your substance will be wasted. Our public institutions shall be so conducted that every comfort, every care that can

be procured for you, regardless of your previous social standing, or wealth or poverty, shall be provided for you; but then, having got you into our power, \$2.83 per week, or less, if we can wring it out of less, must furnish you with all the aforesaid luxuries and comfortable maintenance, and you must not find fault, either, or if you do it don't make any difference, for

‘You are only a pauper, whom nobody owns,’

and if you do make complaints they are to be regarded as delusions and emanations from a weak brain.”

Indeed, putting the statements of the Board in their Sixth Annual Report alongside of the recommendations made in the forthcoming report, and it is difficult to conceive that both recommendations should have emanated from the same body; but on turning to the title page, we find the same names.

In a certain class of minds, we find that the standard of cheapness is the standard of excellence, and this same spirit seems, at present, to imbue the State Board of Charities of Wisconsin. Had they extended their investigations they could have found one institution in this country where the insane were kept for nine cents a day, and as this method seems to be the one they are in search of, this particular institution to which I refer would probably have become the standard instead of the Willard Asylum. To be sure, the death rate in the institution referred to was more than 200 per cent. greater than in any other institution in the country, but then, this, I suppose, must be regarded as another economical measure which would relieve the tax-payers.

In discussing this question of economy, it is well enough for us to ask who it is that complains of the cost of caring for the insane, whether acute or chronic. Where do the complaints arise, and who are the persons making them? In all my experience, now extending over a period of twelve years, I have never heard one of the patients complain that too much had been done for them. I have never heard a person who had been a patient complain that too much had been done for him, that too much money had been expended upon him; and I have never heard the friend, or father or mother, or sister or brother complain that too much had been done for the sick one. I have never heard a member of the community from which the patient came, complain that too much had been done in behalf of the

sick one, or that too much money had been expended upon him. On the contrary, in one of the State institutions in this country with which I was formerly connected, which deservedly stands at the head of similar institutions in this country, and where the cost of maintenance is nearly double what it has been here, the constant cry was, on the part of friends, "spare no expense, do everything that money can command; let no effort be untried." And my experience in this institution has been precisely similar: No father or mother, no husband or wife, when pleading with me to use my every effort to restore the afflicted one, has ever suggested that I could possibly get along with a smaller sum than the usual price, although the patient might be chronic. I do not find that hope dies from the heart of a mother, because her child is called "chronic." That word means nothing to her. She sees somewhere beyond a restored child—the wife, a restored husband—and relies upon the bounty of the State, under providence, to bring about the restoration.

The complaint that we do hear most frequently is, that there is not enough done for the insane, that they are not fed well enough, that they are too cold, that there are not a sufficient number of attendants to permit that liberty of movement which is of so much importance in maintaining the health of the individual. I repeat, that it is not from the patients nor from their relatives or friends, that we hear complaints that it costs too much; and in all my experience, the only persons who have complained, have been the members of the State Board of Charities. And I am confident that if a member of the family of either of the gentlemen composing that Board should be so unfortunate as to be afflicted with this dread disease, the last thought would be, "what will it cost to get them well." I am confident, that no money, no expense of time or labor would be taken into account, so long as restoration was in view; and if, forsooth, disease had fastened too deeply upon the sufferer for mortal man to aid, that fact alone would not deter them from demanding the utmost that could be compassed to insure the welfare of the afflicted one, whether the disease was acute or chronic.

It is one thing to figure out, in cold blood, to the farthing, just how *little* it will cost to keep some one else' father or mother, or brother, wife or husband, and another to figure for your own; and we don't find that the father or mother, or husband or wife complain of the taxes they pay to support these institutions, especially as it costs only

three-fifths of one mill on the dollar of the taxable property of the State to support them all, at the full rate of \$4.50 per week; and to keep all in the State, assuming that there are 1500, it would cost only fourteen-fifteenths of a mill, at the same rate of \$4.50 per week.

In the report of the State Board of Charities of Wisconsin for 1871, I find the following: "No one complains that the inmates of our State Hospital for the Insane are too well taken care of, or are made too comfortable. No good citizen of our State can visit this hospital, pass through its clean, well-regulated wards, witness the care and kind treatment received by its inmates, and see the evidence of their comfort and well-being, without feeling thankful that he is a resident of a State that has made such noble provision for this unfortunate class of its inhabitants; and although he may be a large tax-payer, instead of complaining that so much has been done, the predominant feeling in his heart is a desire that, if possible, still more may be done for their comfort and restoration." Again, "We hope that when the hospital at Oshkosh is completed, that sufficient accommodation may be found for them all, but if not, that the State will not stop building and enlarging until this end shall be fully secured." This differs somewhat from the Report of the present year.

Thus far I have spoken only in a general way about separation of the classes, that is, the acute and chronic cases from each other, and have endeavored to determine from whom complaints arise as to cost of maintenance, and in concluding this part of the subject, I can not withhold the conviction that the people of the State of Wisconsin always have been, and are now, ready and willing to make good, thorough provision for all classes of insane; they have assumed the care of them, by making them the wards of the State, and I have yet to learn that this assumed guardianship has become a burden grievous to be borne, and when it does so appear, doubtless the State will so inform the friends of the insane, that they may provide suitable places for them elsewhere, and thus throw off or rather give up the moral responsibility that now attaches to their care — a step not likely to be taken yet.

It now remains to look into some of the assertions made by the State Board of Charities, to determine whether they are correct or not. I have stated above that Dr. Chapin does not recommend the extension of the plan of the Willard Asylum beyond its present magnitude,

but does recommend that the asylums of New York be enlarged by adding to them suitable structures in which to care for chronic cases. And this recommendation is iterated and re-iterated in the reports of the Board of State Charities of New York, for the years 1874 and 1875.

The extract already alluded to states that Dr. Nichols, the Superintendent of the National Asylum at Washington, D. C., had abandoned the theory "that associated treatment of recent and chronic cases is necessary, and has begun the separation in the institution under his charge." The Board of State Charities would evidently have us believe that Dr. Nichols advocated separate establishments for the care of the chronic insane. This is not the fact, and the Board of Charities know, or at least ought to know, that the statement made by them, to say the least, is incorrect. Dr. Nichols has never advocated the construction of separate institutions for the care of the chronic insane. His voice and pen have always and everywhere denounced this plan in no measured terms, as the file of reports of the institution with which he was for so many years connected will show. And when this subject was under discussion in the Association of Medical Superintendents, Dr. Nichols said: "This subject was so fully considered in my last report that I am sure the gentlemen will know what were my opinions at that time. If I were to write it again, I can only say, I should use a little stronger language than I did then, on the same side of the question. * * * If the chronic insane are going to require about as much food, about as much clothing, about as much warmth in winter, about as much fresh air, and all these things, as the curable insane, I think when we are treating the curable insane we can take care of the chronic insane with more economy, really, than they could be cared for in a separate institution. I speak for myself, when I say that our expenses for the supposed curable insane, and for the chronic insane treated in connection with each other, are less than it would be possible to provide for them separately. * * *

* Then in regard to the Willard Asylum, about which so much has been said, I should like very much to understand whether it is to be a cheaper institution than the ones already existing in New Hampshire and Vermont. If I am correctly informed, it is likely to be more costly. I understand that more money has been expended for the site than has been paid for that of any other asylum in the United States." Again, "My opinion is very decided that all our insane should be

provided for in regular asylums, as many of the chronic insane require more warmth and ventilation because their condition is such, with less vigor of circulation, that more warmth and more fresh air is absolutely necessary than for curable patients. * * * I only desire to put myself on record as not having changed my opinion upon this subject." And in order to put himself more fully on record in reference to this subject, he offered a series of resolutions, drafted by himself, which were adopted by the Association, one of which reads as follows: "All State, county and city hospitals for the insane should receive all persons belonging to the vicinage, designed to be accommodated by each hospital, who are affected with insanity proper, whatever may be the form or nature of the bodily disease accompanying the mental disorder." Another is as follows: "The enlargement of a city, county or state institution for the insane, which, in the extent and character of the district in which it is situated, is conveniently accessible to all the people of such district, may be properly carried, as required, to the extent of accommodating 600 patients, embracing the usual proportions of curable and incurable insane in a particular community." From this it does not appear that Dr. Nichols is at all equivocal in what he has to say on this subject. These remarks were uttered some years ago, but the Doctor has not changed his views in the least, except as to the size of the institution, for in an address "On the best mode of providing for the subjects of chronic insanity," which was delivered by Dr. Nichols at the International Medical Congress, held in Philadelphia in September, 1876, he says, in reference to the cure of the insane, and with particular reference to their labor: "The insane may be much benefitted by labor, and may be also greatly injured by it. Compulsory labor would cause the rapid and cruel sacrifice of many of the insane, both of the acute and chronic class. The condition of the brain, and the probable effects of labor upon it, should be carefully considered before each patient is put to work, and the effects of his work carefully watched. The medical judgment that prescribes and regulates the labor of the insane, should be as able and critical as that which prescribes the drugs that are administered to them; and a medical staff accustomed to consider the conditions under which a large number of subjects of both recent and chronic insanity may labor without detriment, if not with advantage, will become more acute and just in its discriminations and less liable to fall into injurious errors, than a staff of less experience in this particular." Again, "In

estimating the necessary conditions of the best provision for the subjects of chronic insanity, it should be borne in mind that this is precisely the same disease, in its nature and phenomena, as recent insanity: they differ only in duration. In the proportion of cases of passive dementia, and in the prospect of restoration, it follows that the active forms of chronic mental disease require precisely the same treatment as the recent. The protection of society and the individual, and the mitigation of the pains and privations of disease, are as much demanded in the case of the chronic maniac, whether his mania be constant, recurrent, periodical or epileptic, as in that of the recent; and it stands to reason that a medical staff constantly accustomed to treat insanity with the expectation of curing it, is likely to be better prepared, both by knowledge and habit, to treat chronic disease for its alleviation, than one whose professional efforts in the exclusive treatment of chronic disease are very rarely rewarded by a full restoration.

* * * The theoretical grounds of the rule that all public institutions should receive the subjects of both recent and chronic insanity are sustained by the crucial test of experience. Nearly every institution in christendom is to-day occupied by cases of every variety, duration and manifestation; from the last admitted, in which the outbreak occurred but a short time ago, to the most hopeless case of fatuity." I know of none which receive only recent cases and discharge them when they become chronic. "Not only was the subject of the care and treatment of the victims of chronic insanity fully discussed, both in Great Britain and on the continent of Europe, long before the question became an urgent one in this country, but, after trying various experiments in separating, to a greater or less degree, and in various ways, the acute from the chronic cases, the Europeans have, as I understand, come back to what in England is called the *public asylum*, and here the *state asylum* or *hospital system*." This proposition (of caring for all classes of insane in one institution,) is not only sustained by the practice of the institutions of both the old and new worlds, but by the authority of the ablest and most experienced men in the specialty. Among readers of the English language, the names of Dr. Bucknell and Dr. Robertson, of England, and Dr. Earle, of this country, are best known in this connection. To these opinions may be added also the weight of the combined European and continental observers; for we find in the Blue Books of England, Scotland and Ireland, that the commissioners of lunacy appointed by the

home government for the special purpose of looking into this, and all other subjects connected with the economical and humane administration of the eleemosynary institutions, advise against the separation of the two classes of cases, and recommend the erection of new, or the enlargement of old district asylums, which are similar to the State hospitals in America, and under the same general form of management. Surely if time and long experience are guides of any value, we have both here. The result, it appears however, does not accord with the experience of our State Board of Charities.

Again he says: "If a sufficient number of district institutions already exist, they can be enlarged both so as to retain all the patients whom they do not cure, until they die, if their condition require it, and to receive the alms-house patients at less expense than would be incurred by providing for them other independent central or district asylums of a proper kind, and if there are not enough district institutions to make them practically accessible to all acute cases, they certainly should for reasons that have been given, be provided as rapidly as possible with accommodations for all the chronic insane cases of the vicinage."

He says again: "It has been said that the States will not incur the outlay necessary to provide institutions with such appointments and management as are deemed necessary for recent cases: but this declaration is shown to be unfounded, by the activity and liberality which is displayed at this moment by the greater number of the leading States, in establishing excellent district institutions for all their insane, of both the acute and chronic classes."

Again he says: "When a district institution contains as many as 600 patients of both sexes, and the number is likely to be considerably increased, a second complete set of hospital buildings should be provided in the same neighborhood, and if practicable on continuous grounds, and the sexes separated by retaining one in the old buildings and placing the other in the new." And this is the only kind of separation that Dr. Nichols does favor.

Again he says: "Edifices occupied by the insane should be, at least, neat and cheerful in appearance: and their construction of durable materials in the most enduring manner will prove most economical in the end. Cost should be held subordinate to every essential sanitary provision, as drainage, ventilation, the supply of light, heat and water, and abundant room and means of classification; and just in

proportion as such provisions are subordinated to necessary cost in the construction and fitting up of buildings for the insane, do these become custodial receptacles, which deny to their inmates the benefits of hospital treatment."

This does not seem to be an abandonment of a "theory" held by Dr. Nichols. Dr. Nichols built two wings connected with the National Hospital while he was superintendent, in which to provide for chronic insane, but they are in strict conformity to the plans he mentions above, and are just such wings as you recommend in your last report to be added to this hospital. I have visited and inspected the wings, and Dr. Nichols fully coincided in my views respecting the enlargement of out State hospitals, as expressed in my former reports, and made these statements, and gave the cost of construction of the wings at Washington to one of the members of this Board of Trustees, who visited that institution with me.

So far as Dr. Nichols is concerned, the Board of State Charities have either been grossly misinformed, and upon a subject of this importance there can be no excuse for so direct a misstatement as they make, or else, for some purpose the Board is attempting to mislead the public, by putting into the mouths of public men the words they would like to have them use.

It is not worth while to discuss the opinions of Dr. Wilbur, to whom the Board refer in their report, for he has never been connected officially or in any other way, with any hospital for the insane in the United States or abroad, and is now, as he has been for many years, at the head of an idiot asylum in the State of New York. Dr. Chapin's opinion has been quoted above.

I come now to speak upon that part of the subject which the State Board of Charities have misrepresented in nearly every particular, and the misrepresentations they make can not be excused upon the score of ignorance, because the source from which they have derived their information must be either the Report of the Board of Trustees and Superintendent of Willard Asylum, or else the Report of the Board of State Charities of New York, and in both these documents, from which I propose to quote presently, I find that the per capita cost of maintenance as given both in text and figures, is altogether different from the amount stated in the extract from the Report of the Board of State Charities of Wisconsin.

But, first of all, as we propose to briefly examine the whole subject, let us look for one moment at the cost of construction of the Willard Asylum as compared with the cost of construction of other institutions for the care of both acute and chronic cases in other parts of the Union; and let us see on which side the economical features appear.

As it will not be necessary to burden you with a long list of figures, as to the cost of a number of institutions in the country, I will here name the institution, the number of patients and the per capita cost of construction, the figures being taken from a schedule prepared by Dr. J. S. Conrad, superintendent of the Maryland hospital for the insane:

	<i>Patients.</i>		<i>Per capita.</i>
Vermont Asylum for Insane,	450	Brick.	\$666 00
Worcester Lunatic Hospital,	365	"	721 00
Boston Lunatic Hospital,	200	"	500 00
Taunton Lunatic Hospital,	500	"	820 00
Kings County Lunatic Asylum, N. Y.,	650	"	923 00
Willard Asylum	900	"	942 00
New Jersey State Lunatic Asylum,	500	Sand Stone.	556 00
Pennsylvania State Lunatic Asylum,	400	Brick.	750 00
Western Lunatic Asylum, Virginia,	376	"	583 00
Indiana Hospital for Insane	600	"	833 00
Minnesota Hospital for Insane,	500	Stone.	960 00
Northern Hospital for Insane,	550	Brick.	900 88

Many other institutions might be taken from this list, some less in per capita cost than those quoted above, and some more, but I have taken the average, and from different sections of the country.

In reference to the cost of the Northern Hospital, the figures do not quite agree with those given by Dr. Conrad, but as this hospital was not completed when he made his schedule, and has been completed since, I have taken the liberty to give the figures just as they are. It will be observed that of those hospitals quoted above, with but one exception, they have cost less per capita to build them than it had cost at Willard up to that time. But it will be said that Willard Asylum was not complete when this schedule of Dr. Conrad's was made out, Granted, but we will examine this more closely directly, and see if it alters the facts.

Without going into details further, I find the average cost of forty-seven institutions for the insane in the United States, including Willard and our own hospital, was \$925 per capita; this figure excludes those very expensive hospital structures in New York, New Jersey,

Massachusetts and California, about which so much has been said and written, and which are not likely to be duplicated at present.

I can not procure definite data as to the exact cost of the Willard Asylum proper. I mean the main structure, consisting of the center building, lateral wings and rear building, somewhat similar to this structure, and which has accommodation for 500 patients.

The appropriations from time to time have been made in the aggregate, for putting up main building and putting up detached buildings, but as near as I can ascertain, the Willard Asylum proper, *i. e.* the main building, cost about \$1,400.00 per capita. The subordinate structures, call them by what name we choose, have all cost more than \$500.00 per capita—some have cost more than this without the item of furniture, and some a little less. We are to remember also that when the State took possession of the grounds, there was then already built upon the premises what was known as the agricultural college building, which provided accommodation for 200 patients, by simply furnishing the college building, and this fact must be taken into the account in reckoning the per capita cost.

Now, the main building at Willard, cost from three to four hundred dollars per capita more than the institution here; and the subordinate buildings, excepting the college, have each cost from five to six hundred dollars per capita to finish, and this does not include the large items of expenditure necessary to put bakery, gas works, pumping apparatus, laundry, engine and boiler room into such a condition as to fit them for supplying the various wings and subordinate structures with heat, light, laundry work, &c., &c., and which have been made from year to year, to meet the demands.

The fact then is, that it has cost about \$350 per head more to construct the main building at Willard, than it has cost at this institution, and about \$475 per head more than the average cost of forty-seven institutions in this country, and that the cost of the subsequent structures has been considerably larger than the estimates made by a skilled architect, for the proposed wings here.

Let us look at it in another way: The total cast to the State, per head, of all treated at the Willard Asylum from its opening until the close of 1876, has been \$662.28. The figures are taken from the Report of the State Board of Charities of New York for 1877. The total cost to the State of Wisconsin for all treated in this institution,

including buildings of every description, fences, furniture, and in short the entire expenditure for all purposes, has been but \$661.37, and this is in the face of the fact that the Willard Asylum has been in operation twice as long as this institution, and of the further fact that each year reduces the expense in accordance with the whole number treated.

Let us look at it in another light: Taking the total amount of money received for all purposes at the Willard Asylum for the year ending 1876, less the balance on hand, and we find the weekly per capita to be \$4.97. The total amount of money expended here at this institution for all purposes, during the year ending 1876, shows the per capita cost to be \$4.35.

We come now to that part of the extract of our State Board of Charities which can not be characterized in any other terms than as a flagrant perversion of truth. The Board of Charities, in the extract alluded to, state that the "Willard Asylum in western New York supported more than a thousand chronic cases during the year 1876, at an average weekly cost of \$2.83 per capita."

Neither the State Board of Charities of New York, nor the Board of Trustees of the Willard Asylum, nor the Superintendent of the Willard Asylum, make any such statement, and I challenge the State Board of Charities of Wisconsin to furnish the proof of their assertion, correct their error, or stand branded with a word easily spelled, quickly written, but which would sully the pages of this report.

Neither in 1876 nor in any other year since the Willard Asylum has been founded, have the inmates of that institution been kept upon the amount named by the Board of State Charities of Wisconsin, which they must know full well, if they have ever read the documents emanating from that asylum or its officers, or the report of the New York Board of Charities.

As the Board quote from the Report of the Willard Asylum for the year 1876, it is to be presumed that they have read it, and therefore have wilfully perverted the facts and figures contained therein, the amount named (\$2.83) being taken from the middle of a sentence, the balance of which explains the fact that the patients were *not* kept for the sum they name.

On Page 24 of the Eighth Annual Report of the Trustees of the Willard Asylum, for the year 1876, there are these words: "The average weekly cost of maintenance, exclusive of clothing, which is

charged to each patient as issued, and exclusive of salaries of resident officers which are provided by legislative appropriation, was \$2.83½, and including salaries and clothing, \$3.20." An item of \$21,962.60 per annum over and above the amount stated by the Board of Charities, being nearly one-third of the amount asked for to run this hospital for the ensuing year.

On the same basis, the per capita cost per week in this institution has been, for the same year, excluding the amount spent for permanent improvements, which is not included in the Willard report, only \$2.66; and including officers' salaries and clothing, the per capita cost in this institution for the same time has been \$3.13 per week, as against \$3.20 at the Willard Asylum.

In the Seventh Annual Report of the Willard Asylum, for the year 1875, the weekly cost per head, per patient, was \$3.48; at this institution, on the same basis, the weekly per capita was \$3.26.

Now if the State Board of Charities of Wisconsin obtained their information from the Report of the State Board of Charities of New York, they would have seen there, also, had they chosen to see it, that the cost of caring for the chronic insane at Willard, was greater than they state in the extract from their forthcoming report, both for the year 1875 and 1876, or indeed for any year, and upon the same basis, that the cost was greater at Willard than it was here.

This does not include what was raised on the farm in either institutions, but as the Willard Asylum has a farm of over 500 acres, most of it being in a high state of cultivation and under the plow, it is fair to presume that they can get more produce to help out their current expense fund, than we can off about 130 acres of arable land, part of which is yet covered with stumps, and upon which we have expended an immense amount of labor to clear up and get ready for tilling, and to get off the crops which we have harvested from year to year, as well as to carry on the grading, levelling, draining, fencing and clearing out underbrush, so that what cattle we had could find pasturage enough to keep them alive through the summer months.

At the Willard Asylum the farm was cleared and had been worked some years in a most efficient manner, for the ground belonged to the agricultural college which was established there, and afterwards was given up for the purposes of that asylum.

Again, if the State Board of Charities and Reform of Wisconsin

had taken pains to have examined this subject a little further, they would have discovered that an appropriation of from \$20,000 to \$90,000 has been made annually to the Willard Asylum by the Legislature of the State of New York, for making improvements and repairs to the different structures, which we are expected to make here out of our current expense fund, and for which we obtain no special appropriation, and if they had taken as much pains to discover the exact truth that they have to make a sensational report, they would have escaped what now seems to be very plain, that is, an evident desire to deceive the people of the State of Wisconsin as to the cost of maintaining the insane in the Willard Asylum, and the other assertions in their document.

If the State Board of Charities desire to test the truth of my assertions, I hold myself in readiness to produce the facts and figures, and will cheerfully lay them before a committee of the Legislature or any body of respectable gentlemen, who are seeking after truth; and that there may be no misunderstanding, I again repeat that the Willard Asylum, besides receiving the amounts mentioned above for maintenance of patients, receive annually from the Legislature of the State of New York, sums which have heretofore ranged from \$20,000 to \$90,000 to do the work, repairs, improvements, etc., which we do out of our current expense fund, and for which we receive no special appropriation. In the very report to which the State Board of Charities refer and from which they quote, the Trustees of the Willard Asylum ask for the sum of \$67,878.00 for just these purposes, and I have no doubt but that they received it, and it was undoubtedly necessary, and in the report preceding the last, the Seventh Annual, they asked for and received over \$50,000.00 for the same purposes.

It is precisely this — that we should ask the counties to pay to this hospital from \$3.00 to \$3.40 per week per capita, to feed and clothe our patients, and the State Legislature for \$1.20 per week, to make repairs and improvements, and also \$10,000.00 a year for salaries, as they do at Willard.

The extract from the Report of our State Board has exemplified the old maxim, that “a little knowledge is a dangerous thing,” in a marked degree, or else it is patent that it is an attempt at deception, which we should consider beneath the dignity of a board of gentlemen especially created to watch over and protect the interests of God’s most unfortunate children.

You will find on referring to the reports I have quoted from, which I herewith present for your inspection, that in every case the work done here, and paid for out of our current expense fund, and for which no appropriation was made by our legislature, for it was not needed, *was* paid for at the Willard Asylum by a special appropriation made by the State.

I will call your attention to a few things, for instance: We have put up in complete shape two houses, one of which is worth and cost \$1,000.00, and the other about \$1,700.00 to \$2,000.00; we have put up a barn which, by contract, would have cost from \$1,200.00 to \$1,500.00; we have put up a vegetable cellar which would have cost, by contract, at least \$1,500.00; we have built a new engine room, and enlarged the boiler room, which at the least computation would have cost, by contract, from \$2,000.00 to \$2,500.00; we have built a morgue which would have cost from \$1,000.00 to \$1,200.00; we have put in a heating apparatus, which cost \$6,000.00 without the labor; we have refitted our wash room, built a new laundry and dry room, and put in new machinery, without State appropriation; we have laid a brick floor in the entire basement; we have built two forcing houses, for starting vegetables, and put in all the heating apparatus, each house being twenty by fifty feet, and built of stone; we have made gravel roads, laid a side-track, graded, fenced and drained; we have cleared off thirty acres of timber, built several outhouses for various objects, including doubling the size of our slaughter and ice house, building a sty for swine, and doing much other work, with all of which you are perfectly familiar, and for which not one penny has been received from the State Legislature, all having been paid for from the current expense fund; and besides doing this, you will remember that for the fiscal year ending 1876, you covered back to the State Treasurer over \$28,000.00, which had been saved from the current expense fund, after paying every penny of indebtedness accrued or to become due for that year. I have searched the reports of the State Board of Charities in vain for a statement of the above facts, or either of them, although I have been informed by credible witnesses that it was the first time in the history of this State that any public institution had returned to the State Treasurer any such sum of money at the end of their fiscal year. I have searched the reports of the State Board of Charities over and over for a statement of work done here, for which no appropriation was made, but it is not to be found.

As to the condition of the work done upon the main structure, the institution is in far better condition to-day, in every respect, than it was when delivered into the hands of the State by the several contractors, and for which no appropriation was ever made by the State. We have nearly doubled the amount of furniture in the several wards of the building, without asking for one penny of appropriation, and it has been paid for out of our current expense fund.

We have purchased a library of more than one thousand volumes of standard works for the patients, without special appropriation, besides starting a medical library for the use of the Hospital. We have put in billiard tables, pictures, flowers, and little etceteras for the pleasure and comfort of the patients, without special aid, and you will recall the fact that this institution, from the first, has never had a deficiency in the current expense account of one penny, nor has there been a deficiency of any other account of one cent, except for work ordered done by a former Governor, while the institution was in process of erection, and for which the legislature made no provision that year.

Gentlemen, it is an unpleasant duty to criticise either the work of inspiration or prophetic vision, but in these days of iconoclasm it seems to be the method. If the State Board of Charities of Wisconsin have any knowledge whatever of what has been done in this institution, they must have attained that knowledge by one or the other of these methods; they certainly have not obtained it as ordinary mortals would, by visitation in the body, and the viewing of the work done by mortal eye; for since my connection with this hospital, the State Board of Charities have never, either at one time or at all times, or either one of them, or all together, visited all the parts of this institution, or viewed the work done here, or even walked through all the wards and buildings, therefore I say that the knowledge they have, if they have any, must have come through inspiration or prophetic vision. I am not astray with reference to this statement, for from the opening of the Hospital, a daily record of events has been kept, in which, among other entries, all official visits, of whatever kind or by whom made, have been entered at the time, and this book shows also who was present at the Hospital during these visits. It shows further that no member of the State Board has visited during my absence, and when the several members of the Board have

been here, I have urged them to visit the institution in all its parts, but they have not seen fit to do so.

To recapitulate briefly, then, it appears:

First — It is not considered advisable by those gentlemen who have spent their lives in looking after the welfare of the insane, to separate the chronic cases from the acute, and provide for them specially in separate institutions, the objection being based on hygienic, sanitary and economic grounds.

Second — That Dr. John B. Chapin, Superintendent of the Willard Asylum for chronic insane, does not advise the separation.

Third — That the State Board of Charities of New York, who have observed the practical workings of the Willard Asylum for more than eight years, do not recommend its extension, but do recommend that wings be built at all the hospitals for the care of chronic insane.

Fourth — That Dr. Charles H. Nichols, formerly Superintendent of the National Asylum at Washington, D. C., and now, as he has been for many years, President of the Association of Superintendents, has never advocated the separation of the chronic cases of insanity from the acute, but has always strongly advised against it, and has not abandoned what the State Board designate as the "theory" of treating both classes together: the statements of the State Board of Charities to the contrary notwithstanding.

Fifth — That the inmates of the Willard Asylum have never been maintained at \$2.83 per head, per week, or for any sum like that.

Sixth — That it has cost more money per capita to build the Willard Asylum proper, than it has to build the Northern Hospital for the Insane.

Seventh — That it has cost more to build the subordinate structures at Willard than the estimated cost of construction of additional wings here.

Eighth — That estimating the per capita cost of maintenance on the same basis as that employed at the Willard Asylum, it has cost less per capita to maintain patients here at this Hospital, than it has at Willard, and it does not appear anywhere that the Willard Asylum has been charged with extravagance.

In conclusion, it is more than probable that ample provision for all

the insane in this State would have been made before this, and in a comfortable and proper manner, but for the vacillating course of the Board of State Charities, whose tergiversations run through the Annual Reports issuing from them, from year to year; and further, if this is the fact, then the State Board of Charities are justly chargeable with causing a continuation of the distress they have described in their reports and in the extract from the forthcoming report, for it is fair to presume that if the Board had advocated from the first a sound policy towards this class of unfortunates, if they had ascertained what the facts were and presented them to the people of the State, instead of first advocating one policy, then abandoning it, then another and abandoning that, and if they had given sufficient attention to this important subject to have enabled them to arrive at the facts, instead of either superficially looking at the subject and jumping at conclusions, or else purposely perverting the true state of affairs, the people would have responded, as they always have done, to the appeals of humanity. The motives of the Board are not open to criticism: their words and acts are. If they had sought to inform themselves, by inquiries from those persons, who, by profession, at least, are supposed to know something about matters of this kind, they would not now be under a charge of lamentable ignorance, or worse.

So far as I am concerned individually, it is my conviction that it would be wisdom on the part of the State to begin the erection of another hospital now: but this would involve the expenditure of an amount of money which the people of the State might not deem prudent at this time; and I am prepared, therefore, to accept, and upon these conditions recommend the next best policy, which, in my opinion, would be to enlarge both the existing hospitals so as to accommodate the insane of the State in them; and I am perfectly satisfied that here the enlargement can be made and the wings finished and partly furnished for the sum of money you asked for in your Annual Report: and I am convinced that neither the State Board of Charities nor any other creature, can make suitable provision for the chronic insane at a less figure than this, which you remember is less than five hundred dollars per head, per patient, and is considerably less than the detached buildings constructed at Willard.

In view of all the *facts*, therefore, the statements made in the extract from the forthcoming Report of the State Board of Charities are found to be incorrect, and their deductions groundless: for if we

proceed upon the same basis that they do in computing the annual cost per capita to maintain the insane, it appears that it costs less here than it does at the Willard Asylum, and therefore the figures made by our State Board of Charities fall to the ground.

In order that there may be no misunderstanding, and to enable you to judge as to the correctness of my figures, I herewith respectfully present for your perusal or comparison a file of the reports of the Willard Asylum for chronic insane, also a file of the reports of the State Board of Charities of New York.

Respectfully Submitted,

WALTER KEMPSTER,

Superintendent.

Dated at the Northern Hospital, January 9, 1878.

